

## Review Form 1.6

Journal Name:	<a href="#">Journal of Pharmaceutical Research International</a>
Manuscript Number:	Ms_JPRI_79543
Title of the Manuscript:	Pathogenesis of Candida Auris: A Threat Emerging during Corona Pandemic
Type of the Article	Review

### **General guideline for Peer Review process:**

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound. To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

<https://www.journaljpri.com/index.php/JPRI/editorial-policy>

**Review Form 1.6**

**PART 1: Review Comments**

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
<p><b>Compulsory</b> REVISION comments</p>	<ol style="list-style-type: none"> <li>1. In abstract author mentioned "COVID-19 infection suppresses immunity of the patients which can be explained by the attenuated CD80 upregulation of monocytes and abolished release of IL6, TNF, IL1a and IL1b against Candida species making the patient more susceptible to secondary co infections", but there is no related information somewhere in whole review.</li> <li>2. Last para of abstract mentioned "In timeline of April to July 2020, two-thirds of the COVID cases affected by candidemia admitted in the Intensive Care Unit in New Delhi were due to C. auris and the mortality rate was around 60%." few other countries also faced the same problem of C. auris transmission in health facility during Corona pandemic time. Like Labenon, New york ETC., First Candida auris Outbreak during a COVID-19 Pandemic in a Tertiary-Care Center in Lebanon refrence cited here</li> <li>1. <a href="#">Fatima Allaw<sup>1</sup></a>, <a href="#">Nada Kara Zahreddine<sup>2</sup></a>, <a href="#">Ahmad Ibrahim<sup>2</sup></a>, <a href="#">Joseph Tannous<sup>2</sup></a>, <a href="#">Hussein Taleb<sup>1</sup></a>, <a href="#">Abdul Rahman Bizri<sup>1</sup></a>, <a href="#">Ghassan Dbaibo<sup>3</sup></a>, <a href="#">Souha S Kanj<sup>1</sup></a></li> <li>3. Introduction required more information about both C auris and COVID 19, where you can introduce them and relate their interaction and pathogenesis.</li> <li>4. "Finally, some of these were multidrug-susceptible while some were multidrug-resistant. These findings thus provided an environmental source for clinical isolates and that the common ancestor of C. auris has likely adapted to higher temperatures recently" both the statement required references.</li> <li>5. Required all the refrences for this full para "The virulence factors associated with C. auris infections are not completely understood yet Genome comparisons have shown that C. auris has the capacity to adapt to different environments and possesses many pathogenic mechanisms which are in common with other Candida species. For infection, C.auris has pathways for cell wall modelling and acquiring nutrients along with the production of hydrolytic enzymes such as phospholipases and proteinases likely involved in the adherence of the fungus and the invasion of host cells while infecting. Along with this, they were found to carry out, tissue invasion and immune destruction and multidrug efflux. C. auris genome also reads for several lytic enzymes like proteases, secreted lipases and phospholipases"</li> <li>6. " The patients admitted next were diagnosed with C. auris almost a month post being admit for COVID" statement not clear required more information and clarity in sentences.</li> <li>7. "The factors that increase the risk for raised incidence of candidiasis in patients with COVID19 involve procedures that are invasive such as intubation, which would predispose the lung tissue to the formation and proliferation of fungal colonies especially in patients with a history of chronic lung disease. Other risk factors include prolonged corticosteroid therapy, the patient's improper immune disposition, and antimicrobial therapy. When considering risk factors, in a study that compared coinfections in terminal patients with and without COVID19, the need for invasive ventilation was shown to be the most relevant factor in the development of coinfections with pathogens resistant to antifungals, in severe cases of COVID19." All these statements required references.</li> <li>8. "For identifying risk factors, other studies demonstrated raised incidence of secondary candida infections that are resistant to echinocandins in an elderly</li> </ol>	

**Review Form 1.6**

	<p><i>patient hospitalized with COVID19, the antifungal treatment administered was ineffective and likely worsened the disease” Is this statement true for elderly person or all patient detected Positive for COVID, please clearly mention this.</i></p> <p>9. <i>“Due to the coronavirus, the symptoms that are indicative of the infection include difficulties in breathing. In severe cases some typical symptoms are noted, on occurrence of which, immediate” How these are connected with each other, half information. Fungal co-infections have increased in COVID19 patients in intensive care units (ICU) affected by the current pandemic due to. This is redundant sentence.</i></p> <p>10. <i>Need to mention about mucromycosis infection with C. auris which generated high alert in India during second wave of pandemic</i></p> <p>11. <i>In patients with COVID, maximizing the prescription of antimicrobials is a difficult process, especially in critical cases, as the characteristics of the images and parameters followed in the laboratories due to which there is confusion thus distinguishing between bacterial coinfection and effects of SARSCoV2 becomes difficult. Pathogenesis of Candidiasis in relation with COVID19 this statement does not hold any sense respect of heading of this section, rearrange accordingly</i></p> <p>12. <i>In Diagnosis and identification you need to mention new techniques to detect fungal infection mainly with C. auris.</i></p> <p>13. <i>This journal deal with pharmaceutical research so you need to mention about your thoughts in future implication in relation to stop the emergence, diagnosis and drugs development .</i></p>	
<p><b><u>Minor</u></b> REVISION comments</p>	<ol style="list-style-type: none"> <li>1. References are not cited most of the cases.</li> <li>2. Cited references should be before full stop, please see other papers and follow the universal accepted trend.</li> <li>3. Don't use word immune mismanagement, undeserved.</li> <li>4. Funnly it should be finally</li> <li>5. Even in Brazil, in a Chicago study of 111 COVID19 patients who received tocilizumab, scientists found a severe increase in candidemia in many seriously ill COVID19 patients who received high-dose corticosteroids. "Remove in a add and"</li> <li>6. Lot of errors in whole manuscript. Please read carefully and take professional English writers help.</li> </ol>	
<p><b><u>Optional/General</u></b> comments</p>		

Review Form 1.6

**PART 2:**

	<b>Reviewer's comment</b>	<b>Author's comment</b> <i>(if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)</i>
<b>Are there ethical issues in this manuscript?</b>	<i>(If yes, Kindly please write down the ethical issues here in details)</i>	

**Reviewer Details:**

Name:	<b>Anil Thakur</b>
Department, University & Country	<b>Regional Centre For Biotechnology, India</b>